

SERFF Tracking Number:	FIRM-125334193	State:	Arkansas
Filing Company:	Pegasus Insurance Company	State Tracking Number:	## \$70
Company Tracking Number:	AR-2007-FORMS		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation - Arkansas		
Project Name/Number:	Workers' Compensation - Arkansas/AR-2007-Forms		

## Filing at a Glance

Company: Pegasus Insurance Company

Product Name: Workers' Compensation -  
Arkansas

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Form

SERFF Tr Num: FIRM-125334193 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR-2007-FORMS

Co Status:

Authors: Kathleen Conlon, Eric  
Tewey, John Wortman

Date Submitted: 02/08/2008

State Tr Num: ## \$70

State Status: Fees verified

Reviewer(s): Betty Montesi, Carol  
Stiffler, Brittany Yielding

Disposition Date: 02/11/2008

Disposition Status: Filed

Effective Date Requested (New): On Approval

Effective Date (New): 02/11/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Workers' Compensation - Arkansas

Project Number: AR-2007-Forms

Reference Organization: NCCI

Reference Title:

Filing Status Changed: 02/11/2008

State Status Changed: 02/11/2008

Corresponding Filing Tracking Number:

Filing Description:

This is the initial form filing for Pegasus Insurance Company Inc., an Oklahoma domiciled insurer.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - fidelityriskmanagers)

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Product Name: Workers' Compensation - Arkansas  
Project Name/Number: Workers' Compensation - Arkansas/AR-2007-Forms

Thomas Greene, Underwriting Manager tgreene@fidelityriskmanagers.com  
200 Executive Way (866) 576-5111 [Phone]  
Ponte Vedra Beach, FL 32082 (904) 284-1827[FAX]

**Filing Company Information**

Pegasus Insurance Company CoCode: 1 State of Domicile: Oklahoma  
200 Executive Way Group Code: Company Type:  
Suite 200  
Ponte Vedra Beach, FL 32082 Group Name: State ID Number:  
(904) 285-1747 ext. [Phone] FEIN Number: 71-0526209  
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$70.00
Retaliatory?	No
Fee Explanation:	Filing/Review of policy forms \$50
	Filing to adopt a reference filing (NCCI) \$20
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1470	\$70.00	10/25/2007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Carol Stiffler	02/11/2008	02/11/2008

<i>SERFF Tracking Number:</i>	<i>FIRM-125334193</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pegasus Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$70</i>
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<i>Project Name/Number:</i>	<i>Workers' Compensation - Arkansas/AR-2007-Forms</i>		

## **Disposition**

Disposition Date: 02/11/2008

Effective Date (New): 02/11/2008

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FIRM-125334193 State: Arkansas  
Filing Company: Pegasus Insurance Company State Tracking Number: #? \$70  
Company Tracking Number: AR-2007-FORMS  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers' Compensation - Arkansas  
Project Name/Number: Workers' Compensation - Arkansas/AR-2007-Forms

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NCCI Letter of Authorization	Approved	Yes
Supporting Document	Third Party Authorization	Approved	Yes
Form	Policy Jacket	Approved	Yes
Form	Information Page	Approved	Yes
Form	Schedule A	Approved	Yes
Form	Schedule B	Approved	Yes
Form	Schedule C	Approved	Yes
Form	Schedule D	Approved	Yes
Form	Schedule E	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policy Jacket	WC 99 06 01	10/07	Policy/CoveNew rage Form		0.00	WC 99 06 01 (Policy Jacket, Ed 10-07).pdf
Approved	Information Page	WC 99 06 02	05/07	Policy/CoveNew rage Form		0.00	WC 99 06 02 (Information Page).pdf
Approved	Schedule A	WC 99 06 03	05/07	Declaration New s/Schedule		0.00	WC 99 06 03 (Schedule A).pdf
Approved	Schedule B	WC 99 06 04	05/07	Declaration New s/Schedule		0.00	WC 99 06 04 (Schedule B).pdf
Approved	Schedule C	WC 99 06 05	05/07	Declaration New s/Schedule		0.00	WC 99 06 05 (Schedule C).pdf
Approved	Schedule D	WC 99 06 06	05/07	Declaration New s/Schedule		0.00	WC 99 06 06 (Schedule D).pdf
Approved	Schedule E	WC 99 06 07	05/07	Declaration New s/Schedule		0.00	WC 99 06 07 (Schedule E).pdf

# *Workers' Compensation And Employers' Liability Policy*



*Provided by Pegasus Insurance Company, Inc.*

THIS POLICY JACKET WITH THE POLICY FORM, INFORMATION PAGE AND  
ENDORSEMENTS ENCLOSED, IF ANY, ISSUED TO FORM A PART THEREOF,  
COMPLETES THE POLICY



*Thank you for allowing  
Pegasus Insurance Company, Inc.  
to service your insurance needs.*

## INSURANCE POLICY ATTACHED

### **Important Phone Numbers**

1. For Policy Service:

Call your Pegasus representative at  
(866) 576-5111

2. To Report A Claim:

Call Pegasus' country wide claim reporting service at  
(205) 870-8183.

Pegasus Insurance Company, Inc.  
200 Executive Way  
Ponte Vedra Beach, Florida 32082

The Company providing this Insurance is a Stock Insurance Company.  
The Company has caused this policy to be signed by its President and by its Secretary, but this Policy shall not be binding unless countersigned on the Declarations page by a duly authorized agent of the Company.

Wallis Spencer Haynes  
Secretary

Nathan Wayne Stark  
Chairman and CEO



***Pegasus Insurance Company, Inc.***  
*200 Executive Way*  
*Ponte Vedra Beach, Florida 32082*

**PEGASUS INSURANCE COMPANY, INC**  
**INFORMATION PAGE**

Insurer: Pegasus Insurance Company Inc.  
200 Executive Way  
Ponte Vedra Beach, FL 32082

**POLICY NO.**

1. The Insured: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership

Mailing address: \_\_\_\_\_ Corporation or \_\_\_\_\_

Other workplaces not shown above:

*See Schedule A*

2. The policy period is from \_\_\_\_\_ to \_\_\_\_\_ at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: *See Schedule B*

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$ _____	each accident
Bodily Injury by Disease	\$ _____	policy limit
Bodily Injury by Disease	\$ _____	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

*See Schedule C*

D. This policy includes these endorsements and schedules:

*See Schedule D*

4.. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
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*See Schedule E*

Total Estimated Annual Premium \$

Minimum Premium \$

Expense Constant \$

Countersigned by \_\_\_\_\_

## SCHEDULE A

WC 99 06 03  
(Ed. 5-07)

**Pegasus Insurance Company, Inc.**  
**<INSERT INSURED COMPANY NAME>**  
**Other Workplaces for the Insured**

[illegible]

## SCHEDULE B

WC 99 06 04  
(Ed. 5-07)

**Pegasus Insurance Company, Inc.**

**<INSERT INSURED COMPANY NAME>**

## State Workers' Compensation Laws Applicable to Policy Part One

[illegible]

## SCHEDULE C

WC 99 06 05  
(Ed. 5-07)

**Pegasus Insurance Company, Inc.**  
**<INSERT INSURED COMPANY NAME>**  
**Other States Insurance Laws Applicable to**  
**Part Three C of the Information Page**

[illegible]

WC 99 06 06  
(Ed. 5-07)

[illegible]



## SCHEDULE E

WC 99 06 07  
(Ed. 5-07)

**Pegasus Insurance Company, Inc.**  
**<< INSERT POLICY HOLDER NAME>>**  
**Payroll & Premium by Class Code**

[illegible]

Inc Limits Cov B		
Safety Credit		
Experience Mod		
Drug Free Workplace		
Premium Discount		
FCCPAP		
Expense Constant		
Terrorism		

Modified Manual Premium	\$	-
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<i>SERFF Tracking Number:</i>	<i>FIRM-125334193</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pegasus Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$70</i>
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## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: FIRM-125334193 State: Arkansas  
Filing Company: Pegasus Insurance Company State Tracking Number: #? \$70  
Company Tracking Number: AR-2007-FORMS  
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Product Name: Workers' Compensation - Arkansas  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 02/11/2008

**Comments:**

Attached is the transmittal form.

**Attachment:**

Arkansas Transmittal Form - Signed - Forms submission.pdf

**Satisfied -Name:** NCCI Letter of Authorization **Review Status:** Approved 02/11/2008

**Comments:**

Attached is the NCCI Letter of Authorization.

**Attachment:**

NCCI Letters of Authorization - Arkansas.pdf

**Satisfied -Name:** Third Party Authorization **Review Status:** Approved 02/11/2008

**Comments:**

Attached is the Third Party Authorization from Pegasus Insurance Company Inc.

**Attachment:**

Pegasus FRM Authorization Letter - Arkansas.pdf

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	

<b>5. Company Tracking Number</b>	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>				

Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>				
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing title)</b>				
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:		Renewal:	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>				
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<b>Check #:</b> <b>Amount:</b>	
Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



**Valerie Hearn**  
**Contract Administration**

June 7, 2007

**RE: Letters of Authorization**  
**Pegasus Insurance Company, Inc.**

Dear Commissioner/Director:

This letter is to advise you that Pegasus Insurance Company, Inc. has affiliated in the state of Arkansas with the National Council on Compensation Insurance, Inc., effective June 7, 2007.

According, all policy forms and endorsements now on file with the Arkansas Department of Insurance and subsequently filed, apply to this company in the same manner as they apply to other members and subscribers of our organization.

Very truly yours,

A handwritten signature in black ink that reads "Valerie Hearn". The signature is written in a cursive, flowing style.

Valerie Hearn  
Contract Administration



# PEGASUS INSURANCE COMPANY

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Thursday, October 25, 2007

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201

Dear Sir or Madam,

Please take notice that Fidelity Risk Managers, Inc. of Ponte Vedra Beach, Florida has the delegated authority to execute all rate, rule and miscellaneous form filings on behalf of Pegasus Insurance Company, Inc. If you need additional confirmation or have questions, please let us know.

Thank you for your attention to this matter.

Sincerely,

N. Wayne Stark  
Chairman  
Pegasus Insurance Company, Inc